Case 20-12023-amc Doc 40 Filed 12/15/20 Entered 12/15/20 22:44:12 Desc Mair Document Page 1 of 5

Fill in this informa	ation to identify your case:	
Debtor 1	Angela T. Walker	
Debtor 2 (Spouse, if filing)		_
United States Ba	nkruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	20-12023	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY
Schedule	e I: Your Income	12/15
Be as complete a	and accurate as possible. If two married people are filing together (Debt	or 1 and Debtor 2), both are equally responsible for

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment				
1.	Fill in your employment information.		Debtor	1	Debtor 2 or non-filing spouse
	If you have more than one job,	5 *	■ Emp	loyed	☐ Employed
	attach a separate page with information about additional	Employment status*	☐ Not	employed	☐ Not employed
	employers.	Occupation	physic	ian	
	Include part-time, seasonal, or self-employed work.	Employer's name	State	of PA	
	Occupation may include student or homemaker, if it applies.	Employer's address	1171 \$	Cameron Street	
		How long employed th	nere?	3.5 years	ditional Employment Information
				See Attachillent for Au	andonai Empioyment imormation

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

			non-filin	g spouse
2.	\$	12,158.00	\$	N/A
3.	+\$	0.00	+\$	N/A
4.	\$	12,158.00	\$	N/A

For Debtor 1 For Debtor 2 or

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	Angela T. Walk	er	_	(Case	number (if ki	nown)	20-1	2023			
							r Debtor 1		non	Debtor -filing s	pous		
	Сор	y line 4 here		4.		\$_	12,158	3.00	\$		N.	/A_	
5.	List	all payroll deduct	ions:										
	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Mandatory cont Voluntary contr Required repay Insurance Domestic suppo Union dues		5a 5b 5c 5d 5e 5f. 5g). ;. l. ;.	\$	1,438 (100	7.00 0.00 0.00 3.00 0.00	\$ \$ \$ \$		N N N N	/A /A /A /A /A /A	
	5h.	Other deduction	· · ·	5h	1.+	\$_			+ \$			/A_	
6.			ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _	6,833		\$_			/A_	
7.	Cald	culate total month	ly take-home pay. Subtract line 6 from line 4.	7.		\$_	5,32	5.00	\$		N.	/A_	
8.	List 8a.	Net income from profession, or factor a statement	nt for each property and business showing gross γ and necessary business expenses, and the total	8a	١.	\$	(0.00	\$		N.	/A	
	8b.	Interest and div		8b).	\$_		0.00	\$		N.	/A	
	8c. 8d.	regularly receiv Include alimony,	spousal support, child support, maintenance, divorce property settlement.	8c. 8d		\$_ \$		0.00 0.00	\$_ *			/ <u>A</u> /A	
	8e.	Social Security		8e) .	\$		0.00	\$		N.	/A	
	8f. 8g.	Include cash ass that you receive,	ent assistance that you regularly receive istance and the value (if known) of any non-cash assistance such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	e 8f. 8g		\$_ \$		0.00	\$ \$			/ <u>A</u> /A	
	8h.	Other monthly i		_).+	\$		0.00	· · —			/A	
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. 	;	\$	(0.00	\$_		ı	N/A	
10.		•	ome. Add line 7 + line 9. Of for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		5,325.00	+ \$_		N/A	= \$;	5,325.00
11.	Inclu othe	ude contributions from the contributions from the contribution of	contributions to the expenses that you list in Schedule om an unmarried partner, members of your household, your s. Dounts already included in lines 2-10 or amounts that are not a	depe						Schedule 11.			0.00
12.		e that amount on th	e last column of line 10 to the amount in line 11. The rese summary of Schedules and Statistical Summary of Certain							12.	\$_		5,325.00
13.	Do y □	ou expect an inci	rease or decrease within the year after you file this form	?							Com		ed income
		Yes. Explain:	applying for social security income inc impacted by covid										

Official Form 106l Schedule I: Your Income page 2

Debtor 1	Angela T. Walker		Case number (if known)	20-12023
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Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	Gaudenzia	
How long employed		
Address of Employer		

Official Form 106l Schedule I: Your Income page 3

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Angela T. Wa	alker			Che	eck if this is: An amended filing	
	tor 2 buse, if filing)					=	· ·	wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
	e number 20 nown))-12023						
Of	fficial Fo	rm 106J				•		
		J: Your						12/1
info	rmation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Par		ibe Your House	hold					
1.	■ No. Go to		n a conar	nto household?				
	□ N	0	•	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
	aopoao							□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
3.	Do vour ext	enses include	_	No				☐ Yes
	expenses of	f people other to d your depende	han $_{oldsymbol{\square}}$	Yes				
Est	imate your ex		our bankrı	y Expenses iptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance it luded it on <i>Schedule I: Y</i>			Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	1,100.00
		led in line 4:	5 . •					
						40	¢	0.00
		estate taxes rty, homeowner's	s, or renter	s insurance		4a. 4b.		0.00 0.00
	4c. Home	maintenance, re	pair, and u	pkeep expenses		4c.	\$	200.00
_		owner's associat			ma aquitulares	4d.	·	0.00
5.	Additional r	nortgage payme	ents for yo	ur residence, such as ho	me equity loans	5.	D	0.00

Debtor 1	Angela T. Walker	Case num	ber (if known)	20-12023
6. Utili	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	400.00
6b.	Water, sewer, garbage collection	6b.	\$	70.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		200.00
6d.	Other. Specify:	6d.	· ·	0.00
	d and housekeeping supplies		\$	550.00
	dcare and children's education costs	8.		0.00
_	thing, laundry, and dry cleaning	9.	\$	
				100.00
	sonal care products and services	10.	·	100.00
	lical and dental expenses	11.	\$	150.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	200.00
	not include car payments.			
	ertainment, clubs, recreation, newspapers, magazines, and books	13.		25.00
	ritable contributions and religious donations	14.	\$	0.00
	irance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45-	c	0.00
	Life insurance	15a.		0.00
	Health insurance	15b.		0.00
	Vehicle insurance	15c.	· ·	140.00
	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	cify: IRS	16.	\$	700.00
Spe	cify: PA Dept Revenue		\$	150.00
. Inst	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	336.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify: alarm	17c.	\$	50.00
	Other. Specify: storage	17d.	\$	200.00
	r payments of alimony, maintenance, and support that you did not report as		·	
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	cifv:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
	. Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	· -	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	Homeowner's association or condominium dues	20a. 20e.		
				0.00
. Oth	er: Specify:	21.	+\$	0.00
. Calo	culate your monthly expenses			
	Add lines 4 through 21.		\$	4,671.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$.,011100
			·	4 074 00
22C.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,671.00
. Calo	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,325.00
	Copy your monthly expenses from line 22c above.	23b.	· ·	4,671.00
200	Copy your monary expenses from the 220 above.	200.		7,071.00
230	Subtract your monthly expenses from your monthly income.			7
200.	The result is your <i>monthly net income</i> .	23c.	\$	654.00
For e	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you diffication to the terms of your mortgage?			ease or decrease because of a
	No.			
1				